

## REPORT \* 1940/70

OF THE

CITY OF GLASGOW  
FEVER HOSPITAL,*From 1st May, 1869, to 30th April, 1870.*

BY

DR. JAS. B. RUSSELL,

PHYSICIAN-SUPERINTENDENT.

PRESENTED TO THE COMMITTEE OF HEALTH OF THE BOARD OF POLICE,  
11th JULY, 1870, AND ORDERED TO BE PRINTED.

GLASGOW:

PRINTED BY ROBERT ANDERSON, 22 ANN STREET,  
1870.

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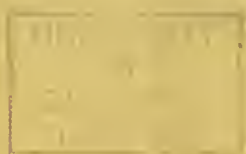
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## The Committee of Health.

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THE Hospital is now under the management of the COMMITTEE OF HEALTH, of which MR. JOHN URE is Chairman.

Meets every alternate Monday, at 2 P.M.; the Sub-Committee one hour earlier, to examine and pass Accounts, and for other routine Business.

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Physician-Superintendent.

JAMES B. RUSSELL, M.D., F.F.P.S.G.

Resident Medical Officer.

GAVIN P. TENNENT, M.D., C.M.

Matron.

MISS JANE GIBSON.

Clerk and Storekeeper.

JOHN MUNRO.

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# REPORT.

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THE Fifth Year of the existence of the City of Glasgow Fever Hospital, on which I have now the honour to Report, has been in various aspects the most remarkable of the five. We have in this treated almost double the highest number admitted in any previous year. Owing to the demand for beds being in advance of our accommodation, the Hospital Buildings have been added to on two occasions. Another feature of the year which is remarkable in the history of epidemic disease, as well as of the Hospital, is the admission to its wards of Relapsing Fever.

At the beginning of last Annual Report I stated that the Hospital was crowded, and that an extension of the Nurses' Dormitories was necessary, owing to the number of Nurses required being in excess of the accommodation originally provided for them. In August, 1869, the Board authorized the erection, at a cost of £196, of a two-story brick building containing four rooms, with three beds in each, thus providing for 12 Nurses. This set free a few Hospital beds which had been given up for official use, but otherwise did not enable us to receive a greater number of patients. The question of increased fever accommodation, therefore, soon pressed itself upon the attention of the Fever Hospital Committee. It formed the subject of much deliberation and enquiry. A very eligible site for a permanent hospital was examined on the South-side; but it soon became evident that it was impossible to move towards the final solution of the question amid the entanglement of real obstacles and diversity of opinion as to principles of construction, site, &c. The practical and fatal objection to the project of erecting a



New Hospital on a new site was that it could not avail for present necessity; and this, combined with the immense cost of the new site, led the Board to accept the assistance offered by the Directors of the Royal Infirmary, and send their surplus patients there. However, with the approach of winter, and the increase of the epidemic on the one hand, and of the ordinary sickness of the community on the other, there arose the usual pressure upon the wards of the Royal Infirmary. The Directors felt they had undertaken too much, and the question of fever accommodation again appealed to the Board of Police. Still hesitating to add to the temporary erections in Parliamentary Road, and thus to bind themselves still more to that site, the Board again accepted temporary relief at the hands of the Directors of the Infirmary, who placed at the disposal of the Board, to be transformed into fever wards, a range of brick buildings then approaching completion, and intended for use as washing-houses. By a Minute of 18th November, 1869, it was agreed to fit up these washing-houses and furnish them with beds, bedding, and other requisites, the Police Board being also bound to restore the building to its former condition, to quit on a month's notice, and to pay the usual sum of £2 for each patient treated in these wards. The adaptation of the washing-houses cost £370; the number of beds thus obtained was 35. The aspect of affairs did not improve towards the close of 1869, and in prospect of the increase of typhus, which commonly occurs in the early spring, and having regard to the progress of Relapsing Fever northwards, the Board ultimately agreed (30th December), on the representations of Mr. Dallas, to acquire additional ground to the north of the present Hospital, and to erect thereon a Pavilion containing 34 beds, there being space for the erection of other three if required. A feu-contract was entered into for the new site on terms somewhat similar to those on which the old is held. The two sites combined form an area of nearly  $3\frac{1}{2}$  acres, the yearly feu-duty on which will probably be about £700.



The New North Pavilion resembles the other pavilions, both in external appearance and in general internal arrangements. It contains two wards entirely separate from one another, having each two apartments—a large with 11 beds for the cases while acutely ill, and a small with 6 beds for the convalescents. In its erection advantage was taken of experience of the other pavilions, and many improvements were introduced; none very striking, but all conducive to the greater comfort and safety of the patients and nurses. Each bed in the acute wards is a foot further apart than in the older wards, making the ward 6 feet longer, and thus increasing the cubic and area-space per bed. There are also certain arrangements tending to ensure the perfect disinfection of all excreta. Altogether, I believe this pavilion to be as nearly as possible a model of an hospital for the treatment of infectious diseases, ensuring the maximum of comfort to the patient, and the minimum of danger to the attendants and to the other inmates of the Institution.

I should feel satisfied if all additions and structural alterations were done in permanent material, and with a definite plan of what the Hospital is ultimately to be. In this way the full benefit of the temporary erections might be obtained, and the cost of replacing them with more durable buildings would be spread over some years. Such a plan can be carried out only in one way: by anticipating those periods of epidemic pressure, by employing the summer in preparation for the winter. The experience of the past winter as above narrated, furnishes an excellent illustration of the results of delaying operations until the necessities of an epidemic are urgent and immediate. Although that portion of the Hospital buildings used for administrative purposes is defective in convenience and extent, I am happy to say that no portion of those buildings is defective from decay or imperfection in material or workmanship. The outlay for maintenance, excepting possibly the biennial painting of the external wood-work, has certainly not been more than an hospital of equal extent, built of stone and of pretentious

architecture, would have required. After five years' exposure the wooden pavilions are perfectly comfortable in all weathers, and promise to continue so for some years to come.

My opinion on another matter has been confirmed by the experience of the year just closed. I refer to the "unification of the interests which deal with fever," of which I said in last Annual Report—"There is in reality but one interest, that of the Public—of the City as a whole" (p. 11). I believe it will become more and more evident every year to the heads of the Sanitary Department, in the working out of those admirable "*Instructions for the Medical, Inspecting, and Cleansing Officers*," recently compiled and printed, that to give them full command over infectious diseases it will be necessary to undertake their Hospital treatment entirely. The *prevention* of disease is the special province of the Local Authority. Its *treatment* may devolve on various public bodies and institutions, according to accidental or special circumstances. These public bodies and institutions receive and treat a person suffering from fever just as they would the same person had he any surgical injury or ordinary disease: they do so for the *individual good* solely. On the other hand, when the Local Authority treats a person suffering from fever, it is because the person has a "contagious" disease, and indeed comes within the meaning, if not the definition, of the term "Nuisance;" they do so for the *public good* solely. It is quite possible to treat contagious disease in the most perfect way, so far as the sick individual is concerned, and yet to fall short of perfect precautionary measures for the prevention of its spread. The Public Health Act makes it imperative under penalty for "any person suffering from any infectious Disorder," for "any person in charge of a person so suffering," and in respect of clothing, lodgings, &c., for "any person" absolutely, that they should adopt preventive measures. But still in respect of hospital patients, the Local Authority can hardly ensure the fullest exercise of the preventive power which is possible, unless they are under their own care from beginning to end of the disease. I believe that under

the Public Health Act, the Local Authority have power to enquire into the disinfecting and other preventive measures adopted by the Managers of Hospitals and others who assume the care of the sick; and that any evident neglect on the part of such Managers and others would incur a penalty. But there are points of procedure where the practical necessity, though probable, or almost certain, is still not sufficient to become a ground of compulsion by law.

The entire question may very aptly be illustrated by the suggestion recently made to the Board of Police by the Directors of the Royal Infirmary regarding the erection of a Convalescent Home for small-pox patients. The duty of the Directors to a person suffering from small-pox is discharged when he has recovered so far as to be dismissed without injury to his own health; but their duty as custodiers of the patient is not discharged to the public so long as it is dangerous to the public that he should be set loose among them. But who is to determine when that dangerous period is past? Who is to determine the time a fever patient ought to be retained (for the question is entirely empirical), if the medical officers and directors of any hospital asserted that the period of residence which the Local Authority held to be too short, was long enough, and refused to extend it?\*

To the Directors of the Infirmary, or the Managers of a Parochial Board, this question necessarily presents a financial aspect. For every day a patient is maintained in Hospital, a certain expense is incurred by those who support the Hospital. Therefore, when a patient is retained longer than is requisite merely for his own health's sake, there is an expenditure of money; and it may fairly be asked, since this is solely for the public good, ought it not to be borne by the Local Authority? I speak from experience as to the additional expense, as I confess the preventive aspect of Hospital treatment, when undertaken by the Local Authority, has not always held the primary place which it now does in the management of the Fever Hospital. During the past year, I made a more

\* As to this question, see further on, under *Average Residence* of Typhus.

special endeavour to retain my patients in Hospital until the infecting power was gone, or might reasonably be supposed to be gone. This has resulted in an addition to the *average* residence of each patient of three days. What has been the *financial* effect of this precautionary measure? Taking the cost of food alone as an undeniable result of retaining a patient in Hospital, I find that at least £170 has been added to the expenditure. I have no doubt that, taking everything into account, the absolute increase has been £200.\* At the same rate, the average residence of each fever patient admitted to the Royal Infirmary in 1869 having been nineteen days, the addition of two days would have added upwards of £63 to the outlay of that Institution. This would be purely a preventive measure, and the Directors might fairly ask the Police Board to relieve their public charity of this burden. It is only as a preventive measure, not for benevolent purposes simply, that the Local Authority could legally take charge of convalescents from infectious diseases. Undoubtedly, then, a much more practical and certain way of attaining the end in view would be to lose no opportunity of obtaining command of the entire hospital treatment of such diseases. It is a mere accidental circumstance that a patient has a "line" for the Infirmary; and if the individual is willing to go to the City Hospital, that can be no obstacle. The chief difficulty is in dealing with the Parishes. I am not in favour of relieving the Parish of the charge of a pauper merely because he happens to be disabled from a fever instead of from consumption or a broken leg. It may be expedient for the public good that the Local Authority should treat paupers ill of fever, but the Parish ought still to pay according to a recognized tariff, just as one Parish pays another under the Poor Law Act. It so happens that the most important of all the Parishes into which the City is divided, the City Parish, has all along been desirous to have the cases of fever chargeable to it, treated by the Sanitary Department for payment. As appears from another part of

\* See p. 16 for further remarks on this subject.



this Report, it was only when the accommodation became deficient in Parliamentary Road, and the City Parish cases were excluded, that they ceased to send them there. I would strongly advise the Police Board not to let this opportunity of consolidating the treatment of fever in Glasgow slip, but at once to make permanent arrangements with the City Parish, and, if necessary, enlarge still further the Hospital accommodation of the Board. The result of delay will be that the City Parish will provide, like the Barony and Govan Parishes, fever wards of their own, and the evil of divided interests will be increased. Even with regard to these other Parishes, something might be attempted in the way of consolidation. Govan Parish would probably come to terms; the Barony Parish probably, not, as they must have a fever hospital for the landward part of their territory. Gorbals Parish is in the same position as the City Parish. If all this could be accomplished, I am satisfied that the action of the Sanitary Department would be immensely simplified and facilitated; because this great principle would be plainly asserted, that in the matter of infectious disease the public interest is paramount to all local or individual interests.

Passing now to the domestic history of the City of Glasgow Fever Hospital, I may first note that the Fever Hospital Committee was one of those which were amalgamated into a general Committee of Health. The internal affairs of the Hospital are now supervised by this latter Committee. After the resignation of Mr. Dallas, who had always taken a deep interest in the Hospital, Mr. A. H. M'Lellan was appointed to assist and direct me in difficulties—a duty which his previous experience as Chairman of the Barony Parochial Board, more especially while their fever hospital was being erected, renders him peculiarly fitted to discharge with advantage to this Institution.

The services of an extra Resident Assistant were requisite during the entire year; and, indeed, after the occupation of the New Pavilion, the sanction of the Health Committee was obtained for the appointment of a third; but, happily, the

decline of the epidemic shortly after rendered this unnecessary. We still retain the services of Dr. Tennent as Resident Medical Officer. During greater part of the year he had independent charge of some wards, merely consulting me in difficulties. The conscientious and indefatigable way in which he performs all his duties deserves my hearty acknowledgment. In regard to the present Report, I may say that the Statistical Tables in the Appendix referring to the patients treated were drawn up entirely by Dr. Tennent. My extra Assistant, Dr. M'Kellar, has also given me satisfaction in discharging his share of the general work. He had the misfortune to be seized with typhus only four weeks after his appointment.

The number of Nurses required during the year has of course been much greater than usual. Although extensive advertising was necessary to obtain respectable women for the service, and although we were frequently in great straits from not finding them exactly when wanted, I have reason to feel satisfied with the standard maintained throughout the year. The number who fell ill of typhus increased our difficulties greatly, sometimes three or even four of the Nurses on our Monthly Pay-Sheet being disabled at one time. The following is the Matron's Annual Report of changes in the staff:—

On Staff, 1st May, 1869, 14; subsequently engaged, 25;	...	39
Resigned,	...	9
Dismissed for drink,	...	4
Inefficient,	...	1
Bad temper,	...	1
Died,	...	4
	—	19
Remaining on the Staff, 1st May, 1870,	...	20

In comparison with previous Reports, it is gratifying to find that there have been fewer changes this year than ever before, although the staff is much more numerous. Of the 14 who were in our employment at the beginning of the year, 9 were

still in our service at its close. The system of engagements for periods of six or three months is still followed with those who pass the usual probation of one or two months.

As the pressure increased upon our accommodation it was necessary to refuse Parochial and other paying cases. No Parochial cases were admitted after August. Previous to that date 212 cases were admitted payable by the City Parish, 12 by the Gorbals Parish, and 3 by private parties—in all 227, against 505 last year.

The power of compulsory removal conferred on the Local Authority by the Public Health Act, section 42, was exercised on four occasions last year. It is a most salutary power, as the cases thus removed sufficiently proved. The patients were helplessly ill, unable rationally to dispose of themselves. They were in charge of ignorant, debased, in one case intoxicated people. We might with as much reason allow a man to set fire to his own house, as permit such persons to keep fever cases in their houses; we cannot say under their care. Patients have been, as in former years, admitted at all hours of the night, on representation of urgency from their medical attendants. Many have also walked to the Hospital gate, or have been carried there, and after examination by the Resident Medical Officer have been passed into the wards. It seems to be well known now among the migratory poor that, when stricken with fever, they can always find a refuge here. There is a public benefit in this, as a certificate of illness costs money, and the presentation of their sick persons at our gates is a cheap and very trustworthy kind of certificate, perhaps therefore resorted to sooner on that account. Sometimes, however, very miserable creatures apply, who suffer not from fever, but the languor and mental and physical discomfort of a recent debauch.

From 1st May, 1869, to 30th April, 1870, the total number of patients admitted was 2230. At the close of last year, 112 were under treatment, making a total of 2342—of whom 1938 were dismissed, and 304 died, leaving 100 to be carried to next year. The highest previous number admitted was 1318,



in the year in which the Hospital was opened. Table No. I. shows the monthly admissions, dismissions, and deaths, and the highest and lowest numbers in the Hospital for each month. The highest monthly admission was 218, in May, and the highest number under treatment at one time was 149, in September. The lowest number in the Hospital during the year was 92, in July. These numbers are the highest in the history of the Hospital. The last two columns in this Table show the daily average in each month, and the corresponding number of Nurses on the pay-sheets. The Hospital was fullest in October, when the daily average was 145.

In Table No. II., and subsequently, we speak of the *results of treatment* of the 2230 admitted during the year, the 112 remaining at the end of last year having been already accounted for in last Report, the 100 remaining at the end of the year under review being in like manner traced to their ultimate issue in this Report. In this Table, also, those cases admitted in each month are classified according to the diseases from which they suffered—the general result for the year being, that of the 2230 cases admitted, 2023 were cases of Typhus, 77 of Enteric Fever, 19 of Relapsing Fever, 12 of Scarlet Fever, 1 of Small-pox, 2 of Measles, 19 of Febricula, and 77 of other diseases.

*Typhus.*—The general statistics of Typhus are given in Table No. III. The mortality was 13·7 per cent., very slightly less than last year (13·8). In Table No. IV. the statistics of the Hospital since its opening, and also of the Royal Infirmary for 1869, are printed in parallel columns. As compared with the Royal Infirmary, it will be observed that our mortality has, in the aggregate, been nearly 3 per cent. less. But when we adopt the more accurate method of comparison, which has always been adopted in these Reports, our comparative position is not so good as at first sight it appears to be. Thus, contrasting our results at quinquennial periods of age, those of the Royal Infirmary are best at seven periods, and those of this Hospital at six;

at one period (60-64) they are the same, and at one (70-74), no cases so far advanced in age were treated in this Hospital. Again, supposing that each Hospital had treated 100 patients at each period of age, at the same rate of mortality as that actually exhibited in each, we find that the mortality of this Hospital would be to that of the Infirmary as 30 is to 26. It is a curious circumstance that the mortality of the sexes should be anomalous according to precedent in both Hospitals, though in an opposite manner in each. Thus, whereas females usually suffer less than males—in this Hospital, last year, the male mortality was only 12·8 per cent., while the female was 14·5. In the Royal Infirmary on the contrary, the female mortality which is generally 2 per cent. less than the male, was nearly 6 per cent. less (males, 19·1, females, 13·5). As the proportion of the sexes was alike in both Hospitals, these facts afford no explanation of the general relative results. The only fact which can be taken into account, as probably explaining these results, is afforded by the unusual number of deaths which took place last year soon after admission to the City of Glasgow Fever Hospital. Of our fatal cases, 4 died within 12 hours after admission, 8 within 24, 11 within 36, and 12 within 48 hours. There were thus no fewer than 35 cases in all, of death within 48 hours after admission. When these cases are classified according to their ages, it is remarkable to find that, 30 out of the total of 35 fall under those periods of age at which the results of the Infirmary excel our own. When we state that only 8 per cent. of the fatal cases in the Royal Infirmary died within 48 hours, as against 12·5 per cent. of the fatal cases in the City of Glasgow Fever Hospital, we are justified in supposing that no small share of our excess of mortality is to be ascribed to the hopeless condition of many of our patients when admitted.

*The Average Residence* of Typhus cases who recovered was 23·6 days; of those who died, rather more than 6 days, and over all cases, 21½ days. As already stated, during the past year a more decided effort than ever was made to retain

our convalescent patients in Hospital until the power of communicating infection was exhausted. The result is shown in the prolongation of the average residence of those who recovered by four days, and over all cases, by three days. Two other results followed, which are less obvious, the one being that a number of our patients took "French leave" by eloping over the easily-surmounted fence which surrounds the Hospital grounds, and the other already mentioned, that at least £170 has been added to our expenditure. Indeed, since by dismissing each patient three days sooner, 372 patients more might have been accommodated at the same cost—the sum of £246 paid to the Royal Infirmary for the treatment of patients whom we could not receive, may be taken as a still further additional expense incurred by the Police Board for the *prevention* of infectious disease. The question when a fever convalescent ceases to be infectious is difficult of determination. *Practically, i.e.*, by well ascertained cases of the communication of fever by convalescents, it is by no means easy to decide when this has really occurred, and when the reappearance of the disease is not merely a repetition of the circumstances which led to the primary outbreak. Many instances could be adduced of the reappearance, at long intervals (three weeks or more), in the same locality and family, of fever, when there has been no return of convalescents, and when the fact of reappearance might more reasonably be regarded as militating against the efficiency of the disinfection and other preventive measures employed at the seat of the outbreak. It seems to me that anyone who knows how filthy the poor of our large cities are in their persons, and who has observed how distinctly their foul odour can be smelled, even when we pass them in the street in the open air, cannot have far to look for a source of repeated outbreaks of infectious disease, if the bedding and body-clothes of the sick only are disinfected, while those who are still going about, apparently well, are permitted to carry back with them the fever-poison in their own persons and habiliments. At any rate this is a much more probable

source of infection than the person of a fever convalescent, washed with carbolic acid soap, clad with thoroughly disinfected clothing, and dismissed from Hospital after residing there on an average above three weeks, for some ten days of which he has been walking about the Hospital grounds. *Theoretically*, on the other hand, if asked when I should expect a fever convalescent to have lost the power of infecting others from the exhalations of his own body, I should reply when his various bodily functions are restored to healthy action, and when he has regained some measure of physical strength, not necessarily his full vigour, but sufficient to enable him to walk a few miles with comfort. It is, however, necessary to observe that infectious diseases differ one from another in infecting power, as in other characteristics. The virus of Small-pox and of Scarlet Fever is much more tenacious of life than that of Typhus or of Enteric Fever. Still, I believe that this property belongs more to the germs or infecting medium (whatever it may be) as conveyed during the disease to clothing and other material objects, than to their continued activity in the body of the individual. It is hardly possible that *after* an attack of any of these diseases, a thoroughly healthy person can carry about, in his own tissues, the germs of disease. They may be in his clothing, but scarcely in the substance of his body in a communicable state. The practical question, therefore, in my opinion, becomes one of disinfecting the "belongings" of the individual. This being done, and the individual being restored to health, I believe, so far as he is concerned, the disease is "stamped out." Hence it comes that when, as in the lower animals, we can also slay the individual, the Gordian knot is cut. If we can retain the individual life, and yet slay the disease, we accomplish both something more difficult and better as a perfect solution of a scientific problem.

*The latent period of Typhus*, and indeed of all such diseases, is a fact allied to the subject of the above remarks. It must be remembered that from the date a person shivers



and becomes ill of Typhus, you must go back for about a week or ten days for the date of infection. The poison has been lying dormant in the system during that period. Cases but rarely occur in which, just as if we had given a dose of poison and marked the hour and then watched for the appearance of the symptoms of poisoning, we can date such an event as sleeping one night with a fever convalescent and then note the first fever-symptoms, and so prove a latent period. I am certain, however, from various stray observations, that nine days is about the average latent period of Typhus. Dr. Murchison comes to the same conclusion. Again, Typhus patients are with great regularity in the eighth day of their disease when admitted to Hospital. All save a fraction of the cases have gone as far as from the sixth to the eighth day. It is quite certain, therefore, that for the date of infection we must go back from the date of appearance of any case of fever in the books of the Hospital, or of the Sanitary Office, at least a fortnight; and if we go back from the date of "invasion," or active outbreak of the disease, we will find the date of infection at least a week previous. On these grounds, no case of fever, arising even where convalescents have returned home within these periods of a fortnight from the date of admission or a week from the date of invasion, can be ascribed to those convalescents. Of course there is also a reasonable limit in the other direction.

*Individual susceptibility* varies, but not to a very marked extent. The staff of a Fever Hospital unfortunately provides abundant material for the accurate determination of these questions. We have healthy persons brought, in exactly similar circumstances, under the influence of a poison; or, if the circumstances differ, the difference is known, and the result of the variation can be noted. In my first Annual Report (p. 38) I said—"It is remarkable to find the close agreement in the length of time different systems, under similar circumstances, can resist the disease. \* \* \* They [the nurses] usually are attacked in between twenty and thirty days; but if they tide over that period they become

acclimatized, so to speak, and may remain secure for two or three months." This conclusion has on the whole been remarkably confirmed by the experience of the four following years. The data are given in Tables VI. and VII. for these years, and a similar Table for 1865-66 will be found in my first Report. In these five years 26 nurses, 7 scrubbers, the gate-keeper, under-porter, van-driver, domestic servant, and one assistant medical officer—in all 38 persons—have been infected. The facts regarding the nurses are most valuable, as their duties, diet, &c., are all so much alike. They fall into two very distinct classes. One class, numbering 21, withstood the Typhus poison for periods ranging from 10 days to 37 days, and giving an average of 25 days. The other class, numbering 5, withstood the Typhus poison, in exactly the same circumstances as the others, for periods ranging from 47 to 118 days, and giving an average of 84 days. The woman who was 118 days exposed is thin, not at all robust or florid, but wiry, aged 32, and served in the same ward as several of the others who gave way in from two to three weeks. The scrubbers furnish data scarcely so pure, as, although their duties do not lead them into close contact with the patients, still they are employed occasionally as substitutes, when they are as much exposed as the nurses: yet they very rarely live for 16 hours out of the 24 in a fever atmosphere, as nurses do. Their average period of resistance is consequently much longer—49 days—and looking at the individual periods with the knowledge of the extent to which each scrubber had been employed as a nurse's substitute, there is an evident relative approach to the nurses' shorter period. The only scrubber who was never, or almost never, employed in any other way did not fall ill for 95 days. The gate-keeper and assistant medical officer, who much resemble the nurses in the degree of exposure, resembled them also in their period of resistance—viz., 28 days and 27 days respectively. It is curious to note that the vanman carried typhus patients (about 1500 of them) in his arms out of their houses to his van, and from

thence to the ward, for two years before taking ill. The domestic servant went more or less about the wards for two years before seizure, and was then caught from lending friendly aid to an old nurse who required help with her patients. The matron, who spends some time every day in and about the wards, but without contact with the patients, has not been infected after five years' exposure, though she has never had Typhus: The storekeeper has been at his post for five years, in daily contact with the nurses when getting their provisions, &c., and still retains his health. All these facts concur in proving (1) that where attention is paid to personal and general cleanliness Typhus does not carry far, so to speak, through the atmosphere, and is not portable; (2) close approach to, and contact with, the infected individual and his dirty belongings lead with great certainty, even in the best sanitary circumstances, and in healthy and well-fed people, to an attack at the end of about four weeks in the majority of cases, but not in a few until the lapse even of some months; (3) that individual insusceptibility does not exist, except that which is conferred by a previous attack. As an interesting contrast with our experience of Typhus, I may say that no case of Enteric Fever has ever arisen either among the staff or among the patients beside whom cases of Enteric Fever are treated. These latter have, however, in a very few cases caught Typhus.

*Enteric Fever*, so far as it appeared in Hospital, was scarcely so prevalent this year as last, there being 77 cases as compared with 91. In Table No. V. these cases are classified according to age. The majority were between 10 and 30 years of age. The mortality was only 6·4 per cent. The *average residence* of those who recovered was 45 days, of those who died 11·6 days, and over all cases, 31 days. The cases were for the most part quite sporadic, being scattered over 36 of the 74 Sanitary Districts. This, as I have previously pointed out, is happily our general experience in Glasgow. Still when we look back over the records of previous years, and find sporadic cases occurring year after



year in the same street or district, few though they are in the aggregate, we may still be sure that the soil is more congenial there than elsewhere. Enteric Fever means, says Murchison, "bad drainage and bad drinking water." Glasgow is above suspicion in the latter respect, so we must look to the bad drainage for the explanation of these local proclivities. During last year seven cases came from Springbank Sanitary District and five from Cheapside, there being in the majority of the other districts only one, in many none. *These districts always head the list in the same way.* In Springbank, Oakbank Street and Lyon Street supply most of the cases; and in Cheapside District, Anderston, Piccadilly Street.

*Relapsing Fever.*—The appearance of this disease in the records of the Hospital is, in a medical and general sanitary aspect, the most interesting feature of the year. Although it only reached us at the end of the Hospital year, and only 19 cases have to be reported upon, it comes within the scope of the present Report to make a few remarks upon the history and habits of this disease. The epidemic prevalence of certain of the infectious diseases in a community has a distinct social and sanitary meaning. Thus we are told by Murchison:—"The prevalence of Relapsing Fever is connected with extreme destitution in a more intimate degree than even that of Typhus;"\* and by Warburton Begbie, "this disease is peculiarly the fever of the vagrant and the unemployed."† These statements were quite confirmed by the circumstances surrounding the present reappearance of Relapsing Fever in Europe. These can hardly be described better than by quoting the title of a pamphlet published in 1868, by the well-known Prof. Virchow of Berlin:—"On Famine Fever,‡ and some of the other cognate forms of Typhus; a Lecture held for the benefit of the sufferers in East Prussia, February 9th, 1868." The Prussian province of Silesia was then the chief seat of the "Famine Fever," as it was in 1847, when it also appeared

\* Report of the London Fever Hospital, 1868, p. 10.

† Article "Relapsing Fever," Reynold's System of Medicine, Vol. I.

‡ "*Die Hunger-pest*" is the expressive German word.

in Ireland, the companion of the potato famine. We are told that there is a remarkable social parallel between the Irish and the inhabitants of Silesia. All the medical men who have written about this epidemic of 1868, in the German Medical Journals, refer most pointedly to the dirt and destitution which characterized its victims. Relapsing Fever seemed to sift out and confine itself to the ill-nourished, ill-housed, and especially to tramps, in the population of the cities, with almost as much certainty as fire follows a train of gunpowder. This was observed in Breslau, the capital of Silesia; and in Berlin, where only comparatively few cases occurred, they were still of the very poorest of what is called the "floating population" of a city.

The history of the future progress of the disease is interesting. On the 4th July, 1868, the first case of Relapsing Fever which had been seen for 14 years was sent into the London Fever Hospital from Whitechapel. "The girl was of Irish birth; but had resided for eight years in London, and was not in a particularly destitute condition." The mystery was, however, solved by the admission in a few days, from the same district, of "a Polish Jewess, aged 32, who could not speak English." Other cases were treated, both at the London Fever Hospital and in the German Hospital, during that summer, all from Whitechapel, the majority being Polish Jews. "It is probable, therefore, that \* \* \* the disease had been contracted from Polish immigrants."\* There is here an apparent interruption of the chain of communication. So far as the London Fever Hospital is concerned, for nine months no other examples of the disease were observed there. But in May, 1869, it reappeared among the native poor, and gradually assumed, as the year advanced into winter, the proportions of an epidemic. Why did this not occur in 1868? I quote in answer the following newspaper paragraph:—

"PAUPERISM IN LONDON.—In the second week of December (1869), there were 150,402 paupers in the Metropolis, or an increase of 7398 upon the number in the corresponding

\* All quoted from London Fever Hospital Report for 1868.

### *Circumstances under which Relapsing Fever Spreads. 23*

period of last year. Of these, 36,690 were in the workhouses, 113,712 were in receipt of outdoor relief. The increase is almost entirely accounted for by *the augmenting number of outdoor poor*, for there were only 49 more in the workhouses than at this time in 1868. Compared with the second week of December, 1866, there are now nearly 40,000 more paupers in the London Unions, and of these 3200 are indoor poor."

This was the state of matters when the epidemic of Relapsing Fever was at its acme in London. Its whole strength was expended upon the North and East Districts of the Metropolis, where the destitution was most notorious. There can be little doubt that this fever lurked about those districts until the enormous increase of pauperism afforded the soil in which it could fructify.

Those who treated Relapsing Fever in London in 1869 are unanimous in their testimony to the extreme poverty and misery of their patients. Thus Dr. Murchison says of those admitted to the London Fever Hospital: "With rare exceptions, the patients \* \* \* had been in a deplorable state of destitution, far greater than that of the average of Typhus patients. Even the nurses of the Hospital were strongly impressed with this fact. A large proportion of the entire number were 'tramps,' who had travelled long distances in search of work, and many of whom appeared to arrive in London with the fever upon them."\* Dr. Ross, Medical Officer of Health for the District of St. Giles, also observes: "Relapsing Fever prevailed exclusively among the lowest classes of the population—the ill-fed, the ill-clothed, the ill-housed."†

Two circumstances favour the rapid spread of this fever when it has once reached any country—1st, The fact that its principal victims are "tramps," who walk long distances and pass from lodging-house to lodging-house; 2nd, the fact that, in the interval between the primary attack and the relapse, the

\* London Fever Hospital Report, 1869.

† Report on Relapsing Fever in St. Giles' District, 1869-70.

patients regain sufficient bodily vigour to enable them to migrate. This accounts for its rapid transportation to England and Scotland. In the beginning of 1870 it was observed in Manchester; in February it appeared in Edinburgh where it had not been seen since 1855, and in March it reached Glasgow. From an interesting paper by Dr. Claud Muirhead, in the July number of the *Edinburgh Medical Journal*, we learn that the victims of Relapsing Fever were *not* particularly characterized by evident privation, and that they have been so far but few in number. Dr. Muirhead endeavours to argue from this that destitution is not so essential to the existence of Relapsing Fever, as experience elsewhere seems to me without doubt to prove. But the very limited extent of the disease in Edinburgh entirely invalidates his reasoning. Relapsing Fever will, on his own showing, and as the experience of nurses and medical men in attendance upon the sick only too amply proves, attack the healthiest and best fed, if exposed sufficiently. It will not, however, become epidemic among such, so that the present history of Relapsing Fever in Edinburgh does not upset but confirms all previous experience, by showing that there is no unusual destitution among the poor of that city.

The appearance and social condition of the first victims of Relapsing Fever in Glasgow were quite in accordance with universal experience. On 16th March, 1870, the inmates, four in number (a man aged 50, and three sons), of a room at 7 Muirhead Street, Gorbals, were admitted to this Hospital suffering from a fever which soon declared itself to be Relapsing. On the 28th a boy was admitted from the same number with the same disease. These were the first cases seen in Hospital in Glasgow. There is every probability that the first family (the M'G.'s) were the very first in the City. They were miserably-clad, hollow-cheeked, and wretched in bodily condition. I visited the locality with the District Inspector. The M'G.'s house was shut up, all its inmates being in Hospital. That from which the boy John S. was removed, I found occupied by his mother, her infant, and a younger son.



The woman was so insufficiently clad, that she held about her person during my visit what seemed to be a bedcover. There was not "a stick of furniture" in the house. The only bedding was a bag of straw, on which the infant was sleeping, covered with a ragged towel. The mother was gaunt, sallow, and dirty. The husband, I was informed, is a drunkard. Minute inquiry was made into the origin of the fever, and we got at once an account of a man who walked from Bathgate, and was allowed to sleep in M'G.'s house, where he became ill, and lay during his illness, which was marked by great thirst and perspirations. He had been ill in Bathgate, and came primarily from Edinburgh. It is therefore probable that this man caught Relapsing Fever in Edinburgh, had his first attack in Bathgate, walked in the non-febrile interval to Glasgow, had the Relapse in the house of these M'G.'s, and so planted the disease there. The family of J. S. was intimate with that of the M'G.'s, and no doubt were infected by the intercourse of the boys of the two families.

The ultimate development of Relapsing Fever in Glasgow remains to be seen.\* The soil is unfavourable for it. The pauper rolls of the parishes of Glasgow show that there is much less poverty in the community than there was last year. Labour is abundant, from the variety of manufactures to be found in Glasgow; so that, when one fails, recourse can be had to another by those out of employment. Whatever overcrowding there may be will, however, expose those who are not, so to speak, the natural prey of Relapsing Fever to infection, seeing that it is now among us. So far as it has gone the majority of the cases have come from the Central District; and they present such an admixture of the very wretched with the comparatively well-conditioned as we should expect. It is remarkable that most of the fresh centres of infection

\* *25th July.*—Up to this date it has steadily increased, especially since the beginning of the current month. Contemporaneously Typhus has become much rarer. Thus, at this moment there are 60 of the former to 30 of the latter in Hospital. Still, nothing has happened to falsify the expectations of the text, that Relapsing Fever will not assume alarming proportions in Glasgow.

have been associated with the reception of lodgers; and that, once introduced in this way into a family, this fever seems to seize all its members with a rapidity and certainty which Typhus rarely exhibits. In no case as yet have the two diseases been associated, or in any way intermingled.

The distinctive peculiarity of Relapsing Fever is of course the *relapse*. The patient is suddenly seized with a violent attack of fever, generally accompanied with recurring perspiration. This passes off with remarkable suddenness, and usually with profuse sweating, about the seventh day. The patient is then left pale, emaciated, and exhausted in appearance—to use a vulgar but expressive phrase, “washed out.” The appetite speedily returns, the patient rapidly regains strength, feels perfectly well, and is able, if permitted, to walk about with ease. But about the fifteenth day from the first access of fever, the relapse occurs: all the previous symptoms return, and the fever prevails as before for another period of six or seven days, passing off in the same sudden manner, usually with profuse perspirations. The patient is left still more blanched and exhausted; but the appetite soon becomes ravenous, and the repair of the bodily waste is rapid in young people, but tedious in the aged. Though not a fatal, Relapsing Fever is a very painful and distressing disease. It is very generally accompanied by severe pains in the limbs, and often in various parts of the body. The patient is throughout the febrile periods manifestly disturbed and miserable, while at the crisis the temporary prostration is excessive, the voice becomes quite puerile, and there is a disagreeable sense of sinking. I believe this obtrusive appearance of discomfort arises partly from the fact that the disease does not invade the brain and benumb the senses; so that whatever painful disturbance of the system it produces is fully felt and displayed. Consequently, to an inexperienced eye, a Relapsing Fever patient, as contrasted with one suffering from Typhus, seems much the worse of the two. The former is brightly flushed, moaning, restless, breathing in a panting manner, and querulous; while the latter is dingy in countenance, dull and

stolid in expression, deaf and stupid, and, if asked how he feels, generally replies, "Very well." As already stated, the main feature of famine fever, as distinguished from Typhus, is the relapse after a non-febrile interval. But for this, the fever runs so high that, if prolonged unbroken as in Typhus for 12 or 14 days, it would almost certainly prove fatal. A rash occurs in many cases, which is often scarcely distinguishable from that of Typhus; but, unlike the rash of Typhus, it is not always present, nor constant in the time of its appearance, is transitory, and never assumes the purple or black hue of the Typhus eruption. As Relapsing Fever is specifically different from Typhus, the one does not afford protection from the other. Indeed, I should expect that Typhus would spread with unusual rapidity and ease among a poor community after being emaciated and broken in health by Relapsing Fever. The two are, however, congeners, evidently related in their pedigree.

Up to 30th April the total number of cases of Relapsing Fever was 19, of whom one—a frail old man of 70 years—died from exhaustion in the relapse. Of these cases 15 were males, and 4 females. Their *average residence* was 28 days.

*Scarlet Fever.*—12 cases were treated, and of these two died. They were both moribund when admitted, and died, the one within 12 hours, the other within 36 hours thereafter.

*Small-pox.*—One case was sent in by mistake and immediately transferred to the Royal Infirmary. See remarks a few lines lower.

*Measles.*—Two cases were treated and recovered; both were adults sent in as cases of Typhus.

N.B.—With regard to Scarlet Fever, Small-pox, and Measles, I must explain that the numbers treated by no means represent the numbers which might have been treated. During the greater part of the year every ward in the Hospital was given up to the treatment of Typhus. I believe cases of those diseases above-named requiring treatment at the hands of the Board were sent to the Royal Infirmary.

*Other Diseases.*—These represent the errors in diagnosis



made by the medical men upon whose certificate the cases were admitted. I have this year more cause than ever to compliment the practitioners of Glasgow on their accurate discrimination of fever. The proportion of error was only 77 cases out of 2230, or 3·4 per cent. The percentage of error at the London Fever Hospital last year was 9; and this after the prompt refusal of many of the more obvious cases by the Resident Medical Officer. It is a sad mistake when made, for the poor patient has very probably, by the removal of the hair, the fever mark stamped on him, still worse if on her, and consequently loses work, lodgings, &c. The following is an enumeration of the actual ailments of those persons:—

Disease.	Admd.	Died.	Disease.	Admd.	Died.
Pneumonia,.....	30	5	Brought forward,....	53	15
Cerebral,.....	9	8	Puerperal Debility,....	1	...
Erysipelas, .....	3	...	General Debility,.....	1	...
Bronchitis,.....	2	...	Dysentery,.....	1	...
Primary Syphilis,.....	2	...	Effects of Drink, .....	1	...
Congenital do. ....	1	1	Catarrh,.....	1	...
Scrofula, .....	2	...	Hemiplegia,.....	1	...
Renal Abscess,.....	1	1	Subacute Rheumatism,	1	...
Jaundice,.....	1	...	Phthisis Pulmonalis,.,	1	...
Mania, .....	1	...	Ague,.....	1	...
Lumbago,.....	1	...	Nothing,.....	15	...
Carry forward,.....	53	15	Total,.....	77	15

Many of these were cases of the greatest interest, some being very obscure and puzzling, the majority very serious. This last quality is clearly enough exhibited in the very large proportion of fatal cases, 15 out of 77, or above 19 per cent. Indeed, the gravest forms of disease which the physician has to encounter, are to be found among the miscellaneous cases of a Fever Hospital. Consequently the mortality is always high. Thus, in the London Fever Hospital last year it amounted to 28 per cent. One case of pneumonia died within 14 hours, and one of cerebral disease within 36 hours, after admission.

*General Remarks regarding Patients.*—Of the 2230 patients treated during the year, 223 were paupers, and 4 paid for admission, leaving 2003 to the charge of the Board of Police. The number of persons who wished admission to our wards for payment was much greater than this; but we were unable to receive them from want of room. None of this class were admitted after June, 1869, excepting a Sub-Inspector of the City Parish, and 2 Roman Catholic Clergymen, on behalf of whom urgent application was made, and to whom it seemed but just to extend the advantages of the Institution, as they had all caught the disease in the discharge of their duty. Of the pauper patients, 34 died and 19 were interred by their parishes; of the others, 267 died, and 60 were interred by the Board of Police, the remainder in each case by the relatives. Exclusive of the Hospital officials, 16 employés of the Board of Police were treated, viz.:—12 constables, one sanitary inspector, and three men belonging to the Cleansing Department. All but one were suffering from Typhus. The Hospital staff supplied 13 cases of Typhus—10 nurses, of whom four died; two scrubbers, of whom one died, and my extra resident medical officer. Their names and other particulars are contained in Table No. VII. I have already referred to our large sick-list, and the sad number of deaths. The youngest nurse who died was a person of thorough respectability, who had just concluded her month's training preparatory to being engaged as a member of the permanent staff. The *pecuniary* aspect of official sickness is one on which it may be worth while to dwell, more especially as it affords a good reason for keeping up a staff of nurses slightly beyond present requirements. It is always to me a vexatious procedure to disperse a trained and fever-proof staff, with the certain prospect of recruiting it again in six months, and again passing through those dismal experiences. When a nurse or other official is taken ill, in the first place, the vacant post must be supplied, and in the next the sick official becomes a patient, not only at the ordinary cost of an ordinary patient, but with the additional cost of continued pay. The pay of

a nurse is 30s. per month, and taking the average period of incapacity for duty at one month, and the cost of treatment to be that of an ordinary patient (both of which suppositions are certainly within the mark), the cost of each case of illness will be £3. Similarly computed, the cost of each sick scrubber will be £2 8s. At this rate the following is the expense on account of official sickness for the past year:—

10 Nurses,	...	...	@	£3	0	0	..	...	£30	0	0
2 Scrubbers,	...	...	,,	2	8	0	...	...	4	16	0
Funeral Expenses,	...	...	...	...	...	...	...	...	3	12	0
Substitute for Assistant,	...	...	...	...	...	...	...	...	13	0	0
										<hr/>	
Total,	...	...	...	...	...	...	...	...	£51	8	0

This does not include the cost of treatment in the case of the assistant. *The sum expended on Nurses seized with Fever last year would keep two Supernumerary Nurses for six months, and still leave a balance of several pounds in favour of the Board.*

*The Royal Infirmary Dorcas Society* has been obliged, I regret to say, from want of funds, to discontinue their branch at the Fever Hospital. The Matron reports that during the year she has issued 482 articles of clothing to 158 individuals—viz., 299 articles to 96 females, and 183 articles to 62 males.

I have again to express my best thanks to the Chaplain of the Royal Infirmary, Mr. Topping, for officiating at the interment of those officials who died in our service. The Roman Catholic patients are regularly visited by their clergymen, who take that duty in rotation. It has been a source of great benefit to our Protestant patients, as well as to our Nurses, to be visited frequently by an excellent lady, who has been good enough to give her services to the Hospital during the greater part of the year. She has distributed various little books and tracts to these patients, besides picture books and toys to the nursery. Through her, also, we have been provided

with a perambulator, which has been of the greatest service to the babies and young children, who can in this way have open-air exercise in the Hospital grounds, of which they were almost entirely deprived before this opportune gift. I have also much pleasure in acknowledging the kindness of D. Y. Stewart, Esq., in presenting us with three large baskets of grapes, which were much appreciated by the patients.

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## FINANCIAL STATEMENT.

### WORKING EXPENDITURE.

In classifying the items of expenditure connected with the Fever Hospital during the year, I have separated that portion of it which was incurred on account of the operation of the Hospital as it was, from that caused by the addition to the site and buildings thereon, and from the extra expenditure, on stock of bedding and plant generally, caused by the great increase of Fever. It thus appears that 2230 patients were treated at a working outlay of £3334. Of these patients, 227 were paid for, the sum received being £454, leaving as the actual expenditure £2880 for 2003 patients. At the ordinary rate of charge 2003 patients would have cost £4006 if treated elsewhere. The saving to the Board, therefore, amounts to £1106.

As a necessary consequence of the fact that the work of the Hospital has been so very much greater in this than in any previous year, the absolute expenditure has been also greater in nearly all departments. Provisions of all kinds were cheaper this year than last, but the addition of three days to the average residence of patients neutralizes the advantage which might otherwise have been shown from this circumstance.



The following calculations represent the expenditure in various aspects:—

Average Daily Number of Patients,	...	...	127·5			
“ Residence of Typhus Cases,	...	...	21·25 days.			
“ “ Enteric Fever Cases,	...	31	“			
“ “ Relapsing Fever Cases,	...	28	“			
“ “ All Cases,	...	...	21			
				£	s.	d.
“ Daily Expenditure,	$\frac{£3334}{365} =$	...	...	9	2	8½
“ “ Cost of Patients,	$\frac{£9\ 2\ 8½}{127·5} =$	...	...	0	1	5·077
“ Cost of Typhus Case, (1s. 5d. 0·77 farthings), × 21·25=	£1	10	5½			
“ “ all Cases, (1s. 5d. 0·77 farthings), × 21 =	1	10	1			

At page 51 is given my customary “Classification of Expenses with regard to Patients.” The increase is of course not proportionate in all these items. Thus the official expenditure is only about one-third greater, and the cost of conveyance to Hospital is nearly the same, because the increase of patients merely gave more work to the same man and horse. The only absolutely correct elements of comparison are given in the following Table:—

		Average Expense of the Hospital per day.				Average Expense of a Patient per day.				Average Expense of Treatment of a Patient.			
		£	s.	d.	q.	£	s.	d.	q.	£	s.	d.	q.
Direct.	{ Food,.....	2	8	11	0·00	0	0	4	2·41	0	8	0	2·61
	{ Stimulants,.....	0	10	9	0·36	0	0	1	0·05	0	1	9	1·05
Indirect.	{ Medicines,.....	0	5	4	0·14	0	0	0	2·00	0	0	10	2·18
	{ Official,.....	3	16	1	3·10	0	0	7	0·66	0	12	6	1·86
	{ Conveyance,.....	0	3	8	1·76	0	0	0	1·39	0	0	7	1·19
	{ Firing, &c.,.....	1	2	6	1·56	0	0	2	0·48	0	3	8	2·08
		0	15	3	1·91	0	0	1	1·76	0	2	6	0·96
Totals,.....		9	2	8	0·83	0	1	5	0·75	1	10	0	3·93

The “direct” expenditure is that part of the annual outlay which strictly depends upon the number of patients; while the “indirect” is that which, while slightly dependent on the number of patients (as in the “official” item), is also partially dependent simply on the existence of the Hospital, and in no respect is purely governed by the number of patients. If we

refer to the Table given at page 27 of last Report, and compare the items of "direct" daily expenditure per patient during five years, it will be seen that the cost of Food, which was 4½d. per day, is one farthing less this year than the lowest of the preceding four years; that Stimulants have cost more this year than in any previous year, and that Medicines have been in excess as compared with two of those years, but less as compared with the remaining two. Food, Medicines, and Stimulants, were provided at the cost of 6d. per day, or during the 21 days of average residence, for 10s. 8¼d.

#### EXPENDITURE OTHER THAN WORKING EXPENDITURE.

At page 52 I have given details of various large items of expenditure in connection with the Fever Hospital, not chargeable as ordinary working expenditure, but arising in great part from the recent extension of buildings, plant, &c. The first item is "Permanent (annual) and Extraordinary Expenditure on Hospital before Extension," amounting to £678, and including Feu-duty, which I call "Permanent (annual)," because it arises simply from the existence of the Hospital, not from its working (See Report 1867-8, p. 21). The second item is "Erection and Furnishing of New Dormitories for Nurses," and amounts to £216. The third item is "Erection and Furnishing of New North Pavilion," £1066. The payment for "Erection" is only to account, and there are other considerable amounts under this head which have not yet been paid.

The total Expenditure on account of the Fever Hospital in 1869-70 is therefore as follows:—

Working Expenditure, ... ..	£3334	
Less Receipts from Parochial Boards, &c.,	454	
	<hr/>	£2880
Permanent (annual) and Extraordinary Expenditure on Hospital before Extension, ... ..	678	
Erection and Furnishing of New Dormitories for Nurses,	216	
Erection and Furnishing of New North Pavilion, ...	1066	
	<hr/>	
Total, ...	£4840	
	<hr/>	

TOTAL EXPENSE OF HOSPITAL TREATMENT OF FEVER,  
1869-70.

It may be useful, although it is beyond my province, to complete the Statement of the Expense of Hospital Treatment of Fever for 1869-70. To do this, two items must be added to the Expenditure of the City of Glasgow Fever Hospital; the expense of reconstructing and furnishing the Royal Infirmary Washing-houses as Temporary Fever Wards; £504; and the sum paid to that Institution for the Treatment of Fever, £246. It is right to mention that part of the former sum paid for Bedding will ultimately benefit the Fever Hospital, as it has received that Bedding into its reserve stock.

Total Expenditure on Account of Fever Hospital,	...	£4840
Expenditure on Royal Infirmary Washing-houses,	...	504
Paid to Royal Infirmary for Treatment of Fever, ...	...	246

Total Expense of Hospital Treatment of Fever, 1869-70, £5590



## APPENDIX TO REPORT.

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TABLES REFERRED TO IN REPORT.

ABSTRACT OF WORKING EXPENDITURE.

EXTRAORDINARY EXPENDITURE.



TABLE No. I.

*Monthly Admissions, Dismissions, and Deaths from all Causes,  
during Year 1869-70.*

MONTH.	Admitted.	DISMISSED.		NUMBER IN HOUSE.		Average Number in House.	Number of Nurses on Pay-Sheet.
		Well.	Died.	Highest.	Lowest.		
1869.—May, .....	218	171	37	122	99	111	14
June, .....	209	174	31	138	116	127	17
July, .....	182	166	36	133	92	113	15
August, .....	203	146	26	147	99	123	15
September, ...	186	156	18	149	106	128	15
October, .....	191	180	19	149	140	145	16
November, ...	187	178	21	142	126	134	17
December, ...	185	159	20	145	127	136	18
1870.—January, .....	195	173	21	146	131	139	17
February, .....	171	144	31	144	127	136	18
March, .....	177	158	20	137	98	118	18
April, .....	126	133	24	131	98	115	19
Total, 1869-70, .....	2230	1938	304				
“ 1868-69, .....	1240	1022	171				
“ 1867-68, .....	969	832	96				
“ 1866-67, .....	547	478	79				
“ 1865-66, .....	1318	1145	139				
Grand Total, .....	6304	5415	789				

TABLE No. II.

*Monthly Admissions of various Diseases, with number of Deaths from each,  
after Treatment.*

MONTH.	TYPHUS.		ENTERIC FEVER.		RELAPSING FEVER.		SCARLET FEVER.		SMALL POX.		MEASLES.	FEBRICULA.	OTHER DISEASES.		TOTAL.	
	Admd.	Died.	Adm.	Died.	Admd.	Died.	Adm.	Died.	Admd.	Died.			Adm.	Died.	Adm.	Died.
May, .....	203	36	1	...	...	...	...	...	...	...	...	2	12	2	218	38
June, .....	201	27	...	...	...	...	...	...	...	...	1	...	7	...	209	27
July, .....	158	37	11	1	...	...	1	...	...	...	...	3	9	1	182	39
August, .....	181	23	14	2	...	...	1	...	...	...	1	2	4	...	203	25
September, ...	163	14	13	1	...	...	5	...	...	...	...	3	2	...	186	15
October, .....	170	17	9	1	...	...	4	1	...	...	...	1	8	1	191	20
November, ...	173	21	5	...	...	...	...	...	...	...	...	1	8	2	187	23
December, ...	176	20	2	...	...	...	...	...	...	...	...	...	6	1	185	21
January, .....	183	22	4	...	...	...	...	...	...	...	...	1	7	2	195	24
February, .....	161	24	4	...	...	...	...	...	...	...	...	2	4	3	171	27
March, .....	156	21	5	...	7	1	1	1	...	...	...	2	6	2	177	25
April, .....	98	16	9	...	12	...	...	...	1	...	...	2	4	1	126	17
Total, .....	2023	278	77	5	19	1	12	2	1	...	2	19	77	15	2230	301
Former Yrs.,	3356	390	227	30	...	...	95	19	57	4	8-1	83	208	33	4074	491
Grand Total,	5379	668	304	35	19	1	107	21	58	4	10-1	102	285	48	6304	792

TABLE No. III.

*Statistics of Typhus, 1869-70, showing Number Treated and Stimulated at Quinquennial Periods of Age in each Sex, with Totals and Percentages for each Age.*

AGE.	Treated.		Died.		Stimulated.		Total Treated.	Total Died.		Total Stimulated.	
	M.	F.	M.	F.	M.	F.			% Cent.		% Cent.
0—4,.....	45	51	...	8	17	25	96	8	9·3	42	43·7
5—9,.....	163	154	2	6	33	42	317	8	2·5	75	23·6
10—14,.....	197	198	2	3	49	65	395	5	1·2	114	28·8
15—19,.....	177	183	14	14	78	81	360	28	7·7	159	44·2
20—24,.....	96	118	13	8	53	59	214	21	9·8	112	52·3
25—29,.....	64	99	8	21	43	59	163	29	17·7	102	62·5
30—34,.....	57	64	13	16	41	41	121	29	23·1	82	67·7
35—39,.....	34	68	12	14	28	43	102	26	25·6	71	69·6
40—44,.....	40	67	21	25	34	58	107	46	42·9	92	86·7
45—49,.....	26	38	12	19	23	34	64	31	48·4	57	89·
50—54,.....	21	23	13	13	20	21	44	26	59·	41	93·1
55—59,.....	7	13	3	7	6	13	20	10	50·	19	95·
60—64,.....	6	8	4	2	6	8	14	6	42·8	14	100·
65—69,.....	4	2	3	2	4	2	6	5	83·3	6	100·
All Ages,..	937	1086	120	158	435	551	2023	278	13·7	986	48·8



TABLE No. IV.

*Comparative Table of Mortality of Typhus at Quinquennial Periods of Age in this Hospital.*

AGE.	CITY OF GLASGOW FEVER HOSPITAL, 1869-70.			CITY OF GLASGOW FEVER HOSPITAL, 1868-69.			CITY OF GLASGOW FEVER HOSPITAL, 1867-68.			CITY OF GLASGOW FEVER HOSPITAL, 1866-67.			CITY OF GLASGOW FEVER HOSPITAL, 1865-66.			GLASGOW ROYAL INFIRMARY, 1869.		
	Treated.	Died.	Per Cent.	Treated.	Died.	Per Cent.	Treated.	Died.	Per Cent.	Treated.	Died.	Per Cent.	Treated.	Died.	Per Cent.	Treated.	Died.	Per Cent.
0—4, .....	96	8	9·3	39	4	10·3	62	3	4·83	14	...	...	48	6	12·5	15	2	13·3
5—9, .....	317	8	2·5	112	...	...	124	...	...	49	1	2·	172	2	1·16	77	2	2·6
10—14, .....	395	5	1·2	210	4	1·9	152	...	3·94	73	...	...	245	3	1·22	197	4	2·
15—19, .....	360	28	7·7	176	12	6·8	116	3	2·58	60	3	5·	204	15	7·3	294	14	4·7
20—24, .....	214	21	9·8	126	15	11·9	89	8	8·98	53	6	11·3	126	16	12·6	236	39	16·5
25—29, .....	163	29	17·7	91	15	16·4	64	6	9·37	25	3	12·	78	11	14·1	178	33	18·5
30—34, .....	121	29	23·1	64	18	28·1	45	4	8·86	27	5	18·5	80	15	18·7	127	38	29·9
35—39, .....	102	26	25·6	69	17	24·6	43	9	20·93	22	5	22·7	68	15	22·	75	17	22·6
40—44, .....	107	46	42·9	56	17	31·5	41	11	26·82	23	6	22·2	55	17	30·9	87	22	25·2
45—49, .....	64	31	48·4	38	16	40·5	31	11	35·48	16	7	43·7	33	7	21·2	55	25	45·4
50—54, .....	44	26	59·	22	8	36·3	17	5	29·41	8	4	50·	17	6	35·2	47	18	38·3
55—59, .....	20	10	50·	12	9	75·	7	3	42·85	5	3	60·	18	9	50·	17	8	47·
60—64, .....	14	6	42·8	5	4	80·	2	1	50·	7	4	57·	5	3	60·	14	6	42·8
65—69, .....	6	5	83·3	3	3	100·	2	2	100·	1	...	...	4	2	50·	7	4	57·1
70—74, .....	...	...	...	...	...	...	...	...	...	1	1	100·	...	...	...	4	3	75·
75—79, .....	...	...	...	...	...	...	...	...	...	...	...	...	1	...	100·	...	...	...
All Ages,....	2023	278	13·7	1023	142	13·8	795	72	9·05	384	48	12·5	1154	128	11·09	1430	235	16·4

TABLE No. V.

*Statistics of Enteric Fever from May 1st, 1869, to April 30th, 1870.*

AGE.	Treated.		Died.		Stimulated.		Total Treated.	Total Died.		Total Stimulated.	
	M.	F.	M.	F.	M.	F.			Per Cent.		Per Cent
0—4,.....	1	...	...	...	...	...	1	...	...	...	...
5—9,.....	3	1	...	...	1	1	4	...	...	2	50·
10—14,.....	5	8	...	1	...	6	13	1	7·7	6	46·1
15—19,.....	11	8	...	...	5	3	19	...	...	8	42·1
20—24,.....	12	5	...	2	4	4	17	2	11·8	8	47·
25—29,.....	7	10	...	1	3	6	17	1	5·9	9	52·9
30—34,.....	1	5	...	1	1	3	6	1	16·6	4	66·6
35—39,.....	...	...	...	...	...	...	...	...	...	...	...
40—44,.....	...	...	...	...	...	...	...	...	...	...	...
45—49,.....	...	...	...	...	...	...	...	...	...	...	...
50—54,.....	...	...	...	...	...	...	...	...	...	...	...
55—59,.....	...	...	...	...	...	...	...	...	...	...	...
60—64,.....	...	...	...	...	...	...	...	...	...	...	...
65—69,.....	...	...	...	...	...	...	...	...	...	...	...
All Ages,...	40	37	...	5	14	23	77	5	6·4	37	48·

TABLE No. VI.

*List of Officials attacked with Fever from 1st May, 1866, to 30th April, 1869.*

NAME.	AGE.	DESIGNATION.	BEGAN DUTY.	TOOK ILL.		RESULT.	
				Date.	No. of Days after Exposure.	Recovered.	Died.
James Maxwell, .....	50	Under Porter, .....	February 20th, 1866, .....	July 27th, 1866, .....	158	...	1
Jane Paterson, .....	50	Scrubber, .....	December 20th, 1866, .....	January 14th, 1867, ....	25	1	...
James M'Arthy, .....	54	Van Driver, .....	July 3rd, 1865, .....	February 25th, 1867, ...	1 $\frac{2}{3}$ years	1	...
Elizabeth Stewart, .....	28	Scrubber, .....	March 1st, 1867, .....	April 4th, 1867, .....	35	...	1
Catherine Carolan, .....	38	" .....	March 1st, 1867, .....	" 12th, 1867, .....	43	1	...
Mary Munro, .....	32	Nurse, .....	June 6th, 1867, .....	October 2nd, 1867, .....	118	1	...
Mrs. Finlayson, .....	45	Scrubber, .....	November 1st, 1867, ...	December 6th, 1867, ....	35	...	1
Rebecca Forrest, .....	35	Domestic Servant, ...	December 1st, 1865, ...	" 18th, 1867, ...	2 years	1	...
Mrs. M'Cosh, .....	38	Scrubber, .....	June 10th, 1868, .....	August 12th, 1868, .....	63	1	...
Annie Cobden, ...	22	Nurse, .....	March 10th, 1869, .....	March 20th, 1869, .....	10	1	...
Mrs. Sorlie, .....	55	" .....	December 14th, 1868, ...	" 29th, 1869, .....	105	...	1
Mary Anne M'Arthur, .....	30	" .....	April 1st, 1869, .....	April 15th, 1869, .....	15	...	1
Margaret Finlayson, .....	36	" .....	March 23rd, 1869, .....	" 26th, 1869, .....	34	1	...
Mrs. Dollar, .....	36	" .....	April 5th, 1869, .....	" 28th, 1869, .....	23	1	...

TABLE No. VII.

*List of Officials attacked with Fever from 1st May, 1869, to 30th April, 1870.*

NAME.	AGE.	DESIGNATION.	BEGAN DUTY.	TOOK ILL.		RESULT.	
				Date.	No. of Days after exposure.	Recovered.	Died.
Ann Ross,.....	47	Nurse,.....	March 28th, 1869,.....	May 2nd, 1869,.....	35	...	1
Agnes Mitchell,.....	21	" .....	April 12th, " .....	" 2nd, " .....	20	1	...
Margaret Duncan,.....	44	" .....	" 27th, " .....	" 26th, " .....	29	1	...
Dr. M'Kellar,.....	25	Assistant,.....	July 12th, " .....	Aug. 8th, " .....	27	1	...
Mrs. Kevan,.....	50	Nurse,.....	" 6th, " .....	" 8th, " .....	33	...	1
Marion Goodlet,.....	25	" .....	Sept. 27th, " .....	Oct. 13th, " .....	16	1	...
Jane M'Donald,.....	27	Scrubber,.....	" 22nd, " .....	Nov. 7th, " .....	46	1	...
Mrs. Shaw,.....	44	Nurse,.....	Oct. 22nd, " .....	" 24th, " .....	33	1	...
Mrs. Craig,.....	28	" .....	Nov. 11th, " .....	Dec. 14th, " .....	33	...	1
Mary Mitchell,.....	44	Scrubber,.....	Oct. 19th, " .....	Jan. 22nd, 1870,.....	95	...	1
Margaret Young,.....	24	Nurse,.....	Dec. 10th, " .....	" 26th, " .....	47	1	...
Mrs. Meikle,.....	55	" .....	Feby. 1st, 1870,.....	Feb. 20th, " .....	19	...	1
Mrs. Muir,.....	37	" .....	" 16th, " .....	Mar. 16th, " .....	26	1	...



# A B S T R A C T

OF

## WORKING EXPENDITURE

OF

### THE CITY OF GLASGOW FEVER HOSPITAL,

From 1st MAY, 1869, to 30th APRIL, 1870.

PAGE *							
44.	Provisions, ...	...	...	...	...	...	£1193 18 5½
45.	Wine and Spirits, ...	...	...	...	...	...	176 7 8
45.	Malt Liquors, ...	...	...	...	...	...	42 15 10½
45.	Soda Water, ...	...	...	...	...	...	33 0 6
46.	Household Expenses and Matron's Sundries, ...	...	...	...	...	...	88 15 5
47.	Firing, Lighting, and Cleaning, ...	...	...	...	...	...	367 10 5
47.	Disinfectants, ...	...	...	...	...	...	43 14 0
48.	Medicines, ...	...	...	...	...	...	64 7 3
48.	Printing and Stationery (including printing Annual Report),	36	3	10			
49.	Expenses of Horse and Van:—						
	Provender, ...	...	...	...	£55 13 6		
	Miscellaneous, ...	...	...	...	11 18 3		
							67 11 9
50.	Salaries, ...	...	...	...	...	...	419 0 11
50.	Wages, ...	...	...	...	...	...	556 16 11
50.	Interments, ...	...	...	...	...	...	60 2 6
50.	Repairs and Jobbing Accounts, ...	...	...	...	...	...	81 2 9
50.	Sundry Furnishings, ...	...	...	...	...	...	94 13 10
51.	Miscellaneous Accounts, ...	...	...	...	...	...	7 3 9
							£3333 5 10
	Say, ...	...	...	...	...	...	3334 0 0
	Less Receipts from Parochial Boards and others,						454 0 0
	Actual Working Expenditure, ...	...	...	...	...	...	£2880 0 0

\* Details will be found at the pages indicated.

# PROVISIONS.

Table showing Quantity and Value of Purchases, Stock at 30th April, 1870, Consumption and Proportion to Patients and Officials, for period 30th April, 1869, to 30th April, 1870.

ARTICLE.	PURCHASED AND IN STOCK.		IN STOCK 30TH APRIL, 1870.		CONSUMED.		PATIENTS.		OFFICIALS.	
	QUANTITY.	COST.	QUANTITY.	COST.	QUANTITY.	COST.	QUANTITY.	COST.	QUANTITY.	COST.
Beef, { Boiling, .. { Steak, ..	6118 lbs., .. 3039½ "	£ s. d. 140 4 1 113 19 7½	.....	.....	6118 lbs., .. 3039 "	£ s. d. 140 4 1 113 19 7½	5450 lbs., .. 1747½ lbs.,	£ s. d. 124 17 11 65 10 7½	668 lbs., .. 1292 "	£ s. d. 15 6 2 48 9 0
Ham, ..	275½ "	9 17 9¾	.....	.....	275½ "	9 17 9¾	.....	.....	275½ "	9 17 9¾
{ Sweet, .. { Skim, ..	7368 gallons, .. 2167½ "	291 13 0 49 13 5½	.....	.....	7368 gals., .. 2167½ "	291 13 0 49 13 5½	7184 gals., .. 1861½ "	284 7 4 42 13 2½	184 gals., .. 306 "	7 5 8 7 0 3
Milk, ..	730 gills, ..	3 0 10	.....	.....	730 gills, ..	3 0 10	.....	.....	730 gills, ..	3 0 10
Bread, ..	860 doz. 2 lb. loaves, ..	134 10 8	.....	.....	860 doz. 2 lb. lbs., ..	134 10 8	518½ doz 2 lb. lbs., ..	81 3 7	341½ doz 2 lb. lbs., ..	53 7 1
Oatmeal, ..	24 loads, 196 lbs., ..	48 18 5	3 loads, 40 lbs., ..	.....	21 loads, 156 lbs., ..	43 11 7	18 loads, 72 lbs., ..	36 18 2	3 loads, 84 lbs., ..	6 13 5
Potatoes, ..	8 tons, 16 cwt., 2 qrs., ..	36 2 10	8 cwt., 1 qr., ..	.....	8 tons, 8 cwt. 1 qr., ..	34 3 8	4t. 1c. 1qr. 12 lbs., ..	17 13 0	4t. 1c. 1qr. 12 lbs., ..	16 10 8
Barley, ..	13 cwt., 2 qrs., ..	9 13 6	14 lbs., ..	.....	13 cwt. 1 qr. 14 lbs., ..	9 12 0	9 cwt., 3 qrs. 4 lbs., ..	7 0 6	3 cwt. 2 qrs. 10 lbs., ..	2 11 6
Rice, ..	10 cwt., 2 qrs., 4 lbs., ..	7 7 1	2 qrs., 11 lbs., ..	.....	9 cwt. 3 qrs. 21 lbs., ..	6 18 8	9 cwt. 3 qrs. 7 lbs., ..	6 16 11	14 lbs., ..	0 1 9
Pease, ..	3 cwt., 1 qr., 18 lbs., ..	2 11 9	1 qr., ..	.....	3 cwt., 18 lbs., ..	2 8 3	2 cwt. 1 qr. 21 lbs., ..	1 17 5	2 qrs., 25 lbs., ..	0 10 10
Flour, ..	3 load, ..	1 14 3	.....	.....	¾ load, ..	1 14 3	.....	.....	¾ load, ..	1 14 3
Arrowroot, ..	4 lbs., ..	0 3 0	.....	.....	4 lbs., ..	0 3 0	4 lbs., ..	0 3 0	.....	.....
Cornflour, ..	2 qrs., 3 lbs., ..	1 3 2	11½ lbs., ..	.....	1 qr., 19½ lbs., ..	0 18 10	1 qr., 19½ lbs., ..	0 18 10	.....	.....
Tea, ..	757½ lbs., ..	82 18 10	81 lbs., ..	.....	676½ lbs., ..	74 16 10	455½ lbs., ..	50 7 10	221 lbs., ..	24 9 0
Coffee, ..	33 lbs., ..	2 4 8	5 lbs., ..	.....	28 "	1 18 0	½ lb., ..	0 0 8	27½ lbs., ..	1 17 4
Sugar, ..	17 cwt., 0 qrs., 1 lb., ..	36 9 8	1 cwt., 0 qrs., 15 lbs., ..	.....	15 cwt. 3 qrs. 14 lbs., ..	32 0 11	5 cwt. 3 qrs. 14 lbs., ..	12 12 0	10 cwt., ..	21 8 11
Butter, ..	15 cwt., 1 qr., 17½ lbs., ..	95 1 9	1 qr., 12 lbs., ..	.....	15 cwt., 5½ lbs., ..	92 15 11	8 cwt. 3 qrs. 14 lbs., ..	54 14 6	6 cwt., 19½ lbs., ..	38 1 5
Eggs, ..	1751½ doz., ..	76 11 4	12½ doz., ..	.....	1739 doz., ..	76 2 7	1323 doz., ..	57 18 5	416 doz., ..	18 4 2
{ Herring, .. { Ling & Cod	3½ barrels, ..	7 10 0	.....	.....	3½ barrels, ..	7 10 0	.....	.....	3½ brls., ..	7 10 0
Fish, ..	5 cwt., 3 qrs., 2 lbs., ..	7 4 6	1 cwt., 0 qrs., 11 lbs., ..	.....	4 cwt. 2 qrs. 19 lbs., ..	5 15 0	.....	.....	4 cwt. 2 qrs. 19 lbs., ..	5 15 0
Vegetables, ..	.....	22 8 9	.....	.....	.....	22 8 9	.....	.....	.....	12 8 9
Liebig's Extract, ..	61½ lbs., ..	29 4 3	.....	.....	61½ lbs., ..	29 4 3	61½ lbs., ..	29 4 3	.....	.....
Pepper, ..	11 lbs., ..	0 4 11	6 lbs., ..	.....	5 lbs., ..	0 2 2	5 lbs., ..	0 2 2	.....	.....
Mustard, ..	158 lbs., ..	6 12 8	54 lbs., ..	.....	104½ lbs., ..	4 6 8	104½ lbs., ..	4 6 8	.....	.....
Sundries in Grocer's Account, ..	.....	2 7 8	.....	.....	.....	2 7 8	.....	2 7 8	.....	.....
		1219 12 5½				1193 18 5½		891 14 7½		302 3 9¾
		25 14 0								

# WINE AND SPIRITS.

ARTICLE.	STOCK LAST YEAR AND PURCHASED. Quantity. Cost.	IN STOCK. Quantity. Cost.	CONSUMED. Quantity. Cost.
Port Wine,.....	29 $\frac{1}{3}$ dozen, £35 6 0	2 $\frac{1}{4}$ dozen, £2 14 0	27 $\frac{1}{2}$ dozen, £32 12 0
Whisky, .....	89 gallons, 71 4 0	$\frac{1}{3}$ gallon, 0 5 4	88 $\frac{2}{3}$ gallons, 70 18 8
Brandy, .....	62 galls., 4 $\frac{3}{4}$ btls., 75 9 0	2 galls., 1 btl., 2 12 0	60 galls., 3 $\frac{3}{4}$ btls., 72 17 0
	<u>£181 19 0</u>	<u>£5 11 4</u>	<u>£176 7 8</u>

# MALT LIQUORS.

ARTICLE.	STOCK LAST YEAR AND PURCHASED. Quantity. Cost.
Ale,.....	192 $\frac{1}{2}$ dozen pints, £21 13 10 $\frac{1}{2}$
Porter, .....	211 dozen do. 21 2 0
	<u>£42 15 10<math>\frac{1}{2}</math></u>

# SODA WATER.

ARTICLE.	PURCHASED AND CONSUMED. Quantity. Cost.
Soda Water, ..	136 dozen syphons, £33 0 6

## HOUSEHOLD EXPENSES AND MATRON'S SUNDRIES.

MONTH.	BUTCHER.	GROCER.	PETTY CASH BOOK.	TOTAL.
1869.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
May,.....	4 0 9	0 11 3	2 12 9	7 4 9
June,.....	3 7 8½	0 14 0	2 8 8	6 10 4½
July,.....	3 14 11	0 10 8	2 9 11	6 15 6
August, .....	2 15 2	0 11 10	3 6 3	6 13 3
September,.....	4 9 7½	1 7 10	3 2 0	15 15 8½
October,.....	4 5 6		2 10 9	
November, .....	3 8 9½	0 11 7	2 13 2	6 13 6½
December, .....	4 0 1½	0 14 3	4 6 5	9 0 9½
1870.				
January, .....	3 14 9	0 15 11	2 16 1	7 6 9
February,.....	3 8 10	0 13 10	3 4 4	7 7 0
March,.....	3 17 6½	0 14 8	3 0 7	7 12 9½
April, .....	4 2 0½	0 11 9	3 1 2	7 14 11½
	45 5 9	7 17 7	35 12 1	88 15 5





### MEDICINES.

Amount of Druggists' Accounts during Year,.....	£93	7	8	
Less Cost of "Liebig's Extract," charged to Provisions, and Discount on balance,.....		33	17	8
				£59 10 0
Cotton Wadding,.....	£3	6	0	
Carbolic Acid,.....	0	9	4	
Syrup, .....	0	10	4	
Charged from Superintendent's Sundries Accounts—Ice, .....	0	11	7	
				4 17 3
				£64 7 3

### PRINTING AND STATIONERY

(INCLUDING PRINTING ANNUAL REPORT).

Printing (including £16 15s. 4d. for Report),.....	£21	0	2	
Stationery,.....	15	3	8	
				£36 3 10

# EXPENSES OF HORSE AND VAN.

## PROVENDER—

ARTICLE.	PURCHASED AND IN STOCK.		IN STOCK.		CONSUMED.	
	Quantity.	Cost.	Quantity.	Cost.	Quantity.	Cost.
Hay,.....	124 cwt. 1 qr.	£36 5 9	..... 1 cwt. 2 qr.	£0 8 3	..... 122 cwt. 3 qrs.	£35 17 6
Oats,.....	8 bolls,	9 3 6	..... 1 boll,	1 1 6	..... 7 bolls,	8 2 0
Beans,.....	4 bolls,	5 1 3	..... 2 bushels,	0 12 0	..... 3 bolls, 2 bshs.,	4 9 3
Barley,.....	4 bolls,	5 14 0	..... 3 bushels,	0 12 9	..... 3 bolls, 3 bshs.,	5 1 3
Bran,.....	8 bags,	2 9 3	..... 1 bag,	0 5 9	..... 7 bags,	2 3 6
		<hr/> £58 13 9		<hr/> £3 0 3		<hr/> £55 13 6
						<hr/> £55 13 6

c

## MISCELLANEOUS.—Tolls, Pontages, Boys for holding Horse, and Sundries entered in Vanman's Pass-Book, and

charged in Superintendent's Sundries Accounts,.....	£9 19 5
Saddler—Sundries, .....	4 3 10

Less Credited to this Account from Petty Receipt-Book,.....	11 18 3
	<hr/> £14 3 3
	2 5 0
	<hr/> £67 11 9

## SALARIES.

Physician-Superintendent,.....	£140	0	0
Resident Medical Officer,.....	102	0	11
Extra Resident Assistant,.....	104	0	0
Substitute for above during illness,.....	13	0	0
Matron, .....	60	0	0
	<u>£419</u>	<u>0</u>	<u>11</u>

## WAGES.

Storekeeper, .....	£67	5	5
Gatekeeper, .....	41	14	3
Vanman, .....	41	14	3
Under Porter, .....	36	10	0
Fireman, .....	4	0	0
Cook, .....	15	0	0
Laundrymaid, .....	12	0	0
Private Servant, .....	12	0	0
Nurses, .....	287	16	3
Scrubbers, .....	38	16	9
	<u>£556</u>	<u>16</u>	<u>11</u>

## INTERMENTS.

Interment of 57 Patients, 2 Nurses, and 1 Scrubber, .....	57	18	6
“ Dues at Sighthill for Nurses, .....	2	4	0
	<u>£60</u>	<u>2</u>	<u>6</u>

## REPAIRS AND JOBBING ACCOUNTS.

Plumber, .....	£44	9	9
Glazier, .....	0	17	10
Smith, .....	0	10	6
Slater, .....	4	5	6
Chimney Sweep, .....	1	0	3
Road Contractor, .....	0	15	2
Repair of Cooking and Washing Boilers, .....	12	9	3
Coachbuilder for Repair of Van, .....	15	10	6
Clock Maker, .....	0	5	0
Cutler, .....	0	19	0
	<u>£81</u>	<u>2</u>	<u>9</u>

## SUNDRY FURNISHINGS.

Brushes and Cordage for Bedsteads, .....	£6	1	0
Waterproof Sheeting, &c., .....	6	15	0
Clothing for Convalescents, .....	13	18	2
Upholsterer, .....	22	9	2
Pottery, .....	5	6	10
Sewing Material, .....	2	5	7
Window Blinds, .....	5	16	0
Optician, .....	3	2	10
Carry forward, .....	<u>£65</u>	<u>14</u>	<u>7</u>



Brought forward, .....	£65 14 7
Vanman's Great Coat, .....	1 12 0
Shroud Cloth, .....	5 10 3
Wright, .....	0 4 5
Cutlery, .....	2 8 7
Ringers and Clothes Basket, .....	1 13 0
Hardware, .....	16 17 0
Glass, .....	0 14 0
	<hr/>
	£94 13 10
	<hr/>

## MISCELLANEOUS ACCOUNTS.

Advertising for Nurses, .....	£5 17 0
Police Assessment, .....	0 10 0
Superintendent's Sundries, .....	£15 15 4
Deduct charged to Horse and Van Account, £9 19s. 5d.;	
to Medicine Account, 11s. 7d., .....	10 11 0
	<hr/>
	5 4 4
	<hr/>
	£11 11 4
Less Credited to this account from Petty Receipt-Book, .....	4 7 7
	<hr/>
	£7 3 9
	<hr/>

## CLASSIFICATION OF EXPENSES WITH REGARD TO PATIENTS.

FOOD, .....	£891 14 7 $\frac{3}{4}$																
STIMULANTS, .....	<table> <tr> <td>Wine and Spirits, .....</td><td>£176 7 8</td></tr> <tr> <td>Malt Liquors, .....</td><td>19 18 10<math>\frac{1}{2}</math></td></tr> <tr> <td></td><td><hr/></td></tr> <tr> <td></td><td>196 6 6<math>\frac{1}{2}</math></td></tr> </table>	Wine and Spirits, .....	£176 7 8	Malt Liquors, .....	19 18 10 $\frac{1}{2}$		<hr/>		196 6 6 $\frac{1}{2}$								
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OFFICIAL, .....	<table> <tr> <td>Provisions, .....</td><td>£302 3 9<math>\frac{3}{4}</math></td></tr> <tr> <td>Domestic Expenses, .....</td><td>88 15 5</td></tr> <tr> <td>Malt Liquors, .....</td><td>22 17 0</td></tr> <tr> <td>Salaries, .....</td><td>419 0 11</td></tr> <tr> <td>Wages, .....</td><td>556 16 11</td></tr> <tr> <td></td><td><hr/></td></tr> <tr> <td></td><td>1389 14 0<math>\frac{3}{4}</math></td></tr> </table>	Provisions, .....	£302 3 9 $\frac{3}{4}$	Domestic Expenses, .....	88 15 5	Malt Liquors, .....	22 17 0	Salaries, .....	419 0 11	Wages, .....	556 16 11		<hr/>		1389 14 0 $\frac{3}{4}$		
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CONVEYANCE TO HOSPITAL, .....	67 11 9																
FIRING, LIGHTING, AND CLEANING.	<table> <tr> <td>Firing, Lighting, and Cleaning, .....</td><td>£367 10 5</td></tr> <tr> <td>Disinfectants, .....</td><td>43 14 0</td></tr> <tr> <td></td><td><hr/></td></tr> <tr> <td></td><td>411 4 5</td></tr> </table>	Firing, Lighting, and Cleaning, .....	£367 10 5	Disinfectants, .....	43 14 0		<hr/>		411 4 5								
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	£3334 0 0																
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PERMANENT (ANNUAL) & EXTRAORDINARY EXPENDITURE  
ON HOSPITAL BEFORE EXTENSION.

Feu-duty on Original Site,.....	£387	18	0	
Drawing Feu-Contract for do.,.....	72	19	8	
Expense of Causewaying Streets, Refunded to Proprietor, .....	210	3	11	
Additions to Plant,.....	6	18	6	
				£678 0 1

ERECTION AND FURNISHING OF NEW DORMITORIES  
FOR NURSES.

Cost of Erection, according to Contract, .....	£196	5	7	
Bedding, .....	19	16	0	
				216 1 7

ERECTION AND FURNISHING OF NEW NORTH PAVILION.

Cost of Erection, according to Contract (paid to Account),.....	£800	0	0	
Bedding and Upholstery, .....	123	13	8	
Additional Stock of Clothing for Patients,.....	74	1	6	
Bedsteads, .....	63	6	0	
Window Blinds, .....	2	9	2	
Clock, .....	1	5	0	
Tinware, .....	1	16	9	
				1066 12 1
				£1960 13 9

EXPENDITURE ON TEMPORARY FEVER WARDS AT ROYAL INFIRMARY.

Cost of Alterations, according to Contract, .....	£370	10	4	
Bedding, .....	112	17	6	
Stoves, Boilers, &c., .....	21	5	2	
				£504 13 0

PROPERTY  
OF  
THE  
LIBRARY

